

## MCLEAN COUNTY LICENSE FEE ADMINISTRATOR P.O. BOX 128 CALHOUN, KY 42327 (270)273-9170

## QUESTIONAIRE FOR MCLEAN COUNTY LICENSE FEE ACCOUNT (PLEASE COMPLETE AND RETURN)

Every business or individual subject to the Occupational License Fee is required to complete this questionnaire and return it to the Administrator.

The following information is necessary and will be held in strict confidence.

Answer all applicable questions.

Business or Trade Name:				
Business Address:				
Mailing Address:				
Telephone Number:				
Fax Number:				
Type of Business (Circle One):	Corporation S Corporation Non Profit			
Sole Proprietorship	Partnership	LLC	Farm	Other
Description of Business:				
Owners/Partners Names:				
Corporate Officers & Titles:				
Social Security Number:		O1	Federal EIN: _	
Do you have employees?	Yes No If so, how many?			
Business Start Date			_	
Accounting Period	Calendar Year or Fiscal Year Ends//			
Name, Address, and Phone Number of records custodian:				
I hereby verify that all information and statements herein are true and correct.				
Signature		Title		Date
PLEASE FILL OUT THE ABOVE FORM AND RETURN – BOTTOM FILLED OUT BY ADMINISTRATOR				

Date Received:\_\_\_\_\_ Account #: Quarterly\_\_\_\_\_ Net\_\_\_\_